

EXHIBIT 1



VIRGINIA DEPARTMENT OF CORRECTIONS
Institutional Property Matrix - Males

Effective Date: November 1, 2018
Operating Procedure 802.1 Attachment 2

Institutional Property Matrix - Males

		RH=Restrictive Housing Unit, Step Down 1, Step Down 2; SHU=Special Housing Unit; JI=Jail Intake								
Item	Description	W/1	2	3	4	5	6	S	RH/SHU	JI
State Issue - Minimum State Issue										
Identification Card		1	1	1	1	1	1	1	1	
Shirt	Outside Workers, Orange Collar	3	3	3	3	3				3
Pants	Outside Workers, Orange Stripe	3	3	3	3	3				3
Shoes, pair	Work, low quarter, or canvas	1	1	1	1	1	1	1	1	1
Undershorts	White	3	3	3	3	3				3
Undershirts/T-shirts	White/ Orange	3	3	3	3	3				
Socks	White	3	3	3	3	3	1	1	1	3
Cap	Facility option	1	1	1	1	1	1	1	0	1
Jacket or coat	Seasonal	1	1	1	1	1				1
Long underwear	White, Facility option	2	2	2	2	2	1	1		2
Belt	Facility option	1	1	1	1	1	0	0	0	1
Clothing	Jump suit or scrubs						1	1	1	
Underwear	Shorts or long, Facility option						1	1	1	
Shower shoes							1	1	1	
Jacket	Outdoor exercise only, seasonal						1	1	1	
Security toothbrush							1	1	1	
Security writing pen							1	1	1	
Security razor	Issued during shaving only						1	1	1	
Linens and Blankets - Minimum State Issue										
Mattress		1	1	1	1	1	1	1	1	1
Pillow		1	1	1	1	1	1	1	1	1
Sheets	White	2	2	2	2	2	2	2	2	2
Pillow case	White	1	1	1	1	1	1	1	1	1
Bath towel	White	1	1	1	1	1	1	1	1	1
Wash cloth	White	1	1	1	1	1	1	1	1	1
Hand towel	White, Facility option	1	1	1	1	0	0	0	0	1
Blanket	Second blanket Facility option	1	1	1	1	1	1	1	1	1
Laundry bag		1	1	1	1	1	1	1	0	1
Commissary bag	Facility option	1	1	1	1	1	1	1	0	1
Arts/ Crafts Items										

EXHIBIT 2



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

REGULAR GRIEVANCE

Log Number: _____

Howe Mark	1489162	3A-7	
Last Name, First	Number	Building	Cell/Bed Number
LT Thomas and Osborne	1	3-9-2020	
Individuals Involved in Incident	Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

LT Thomas's staff frequently searches my living area ~~while I am present~~. The searches are intended as harassment. On March 9, 2020 the staff searched my living area without my presence. Items were either placed in the living area or removed without a confiscation form. LT Thomas and her staff harass me because I am not involved in the trade of contraband. My prior ^{informal} complaint regarding LT Thomas was not responded to by the staff.

What action do you want taken? I am not safe, Take corrective action

Grievant's Signature:

RECEIVED

Date: 3-9-2020

Warden/Superintendent's Office:

MAR 10 2020

Date Received: 3-10-2020

Baskerville Grievance
Department

1 of 2

Revision Date: 4/28/17



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input checked="" type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: Shirley

Date:

3-10-2020

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman:

Date:

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

REGULAR GRIEVANCE

Log Number: _____

Last Name, First <i>Lave Mark</i>	Number <i>1489162</i>	Building <i>3A-7</i>	Cell/Bed Number
Individuals Involved in Incident <i>LT Thomas and Osborne</i>	Date/ Time of Incident <i>7:30 am 1-3-20</i>		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) *When LT Thomas is on duty, my living area is frequently searched. On November 11, 2014 officer [unclear] searched my living area between the houses on Ridgeview and 3 am for toilet paper. I was searched again on December 12, 2014 at 8:15 p.m. One of the searches occurred on March 3, 2020 at 7:30 am. The officer knows I am not involved in contraband. However, I am searched during non-standard hours. The other prisoners are not searched during these incidents. Please provide me the same protection LT Thomas provides drug dealers. Stop harassing me and searching me without cause. BACC 20-IVE 00198*

What action do you want taken? *Stop harassing me and searching me without cause during non standard hours, provide the same protection LT Thomas provides drug dealers*

RECEIVED

APR 14 2020

Ombudsman Services Unit
Central Region

Grievant's Signature: *[Signature]*

Warden/Superintendent's Office: *[Signature]*

Date Received: *3-10-2020*

RECEIVED

Date: *3-17-20*

MAR 16 2020

Baskerville Grievance

Department

Revision Date: 4/28/17



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

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INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

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<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input checked="" type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: <u>[Signature]</u> Date: <u>3-16-2020</u>	

RECEIVED

APR 14 2020

Ombudsman Services Unit

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input checked="" type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: S. Mae-Willis Date: 4/14/2020

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____



Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Mark Lowe Offender Number 1489162 Housing Assignment 3A-7
Date/ Time of Incident 7:50am 3-3-2020

Individuals Involved in Incident

☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): CPT Butcher

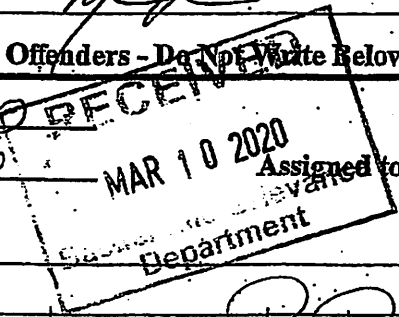
Briefly explain the nature of your complaint (be specific):

The security staff searched and seized property from my living area without my presence. My living area is frequently searched when LT Thomas is on duty. Please acknowledge the problem of retaliatory searches and take corrective action. My past complaint about LT Thomas was not responded to by staff.

Offender Signature [Signature] Date 3-3-20

Offenders - Do Not Write Below This Line

Date Received: 3-10-2020 Tracking # BACC-20-INF-00198
Response Due: 3-25-2020 Assigned to: Capt Butcher
Action Taken/Response:



This is a Security Issue. Per Policy, Random Searches are to be Conducted Daily.

RECEIVED

APR 14 2020

Ombudsman Services Unit
Central Region

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:

Baskerville Grievance
Department

Revision Date: 4/28/17

March 17, 2020

Regional Ombudsman
Dept of corrections
9506 - A Hall Street Road
North Chesterfield Va 23236

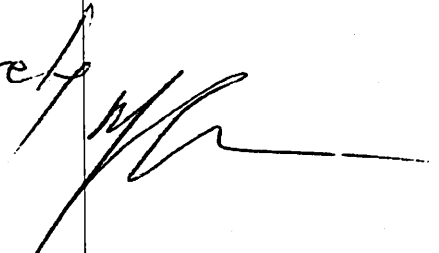
Subject: LT Thomas

To Whom it May Concern,

LT Thomas has made a habit of harrasing prisoner
1489162. The LT Thomas Officer feared diabetic
meals. The Officer required subordinates to
search my living area in retaliation for constitutional
claims and objections to cruel and unusual
treatment.

Please take corrective action

sincerely



Mark Lowe 1489162
Baskerville Correctional
Center
4150 Hayes Mill Road
Baskerville Va 23915

RECEIVED

APR 14 2020

Ombudsman Services Unit
Central Region

EXHIBIT 3

Mark have 1489162
Baskerville Correctional Center
4150 Hayes Mill Road
Baskerville Va 23915

2020
January 1, ~~2020~~

Regional Ombudsman
Dept of Corrections
9503-A Hull Street Road
North Chesterfield, Va 23236

Subject: Complaint Baskerville Corrections

To Whom it May Concern,

The mandate which Baskerville Correctional Center operates under requires the administrative staff to maintain a constitutional complaint Department and comport or operate within the limits of the U.S. Constitution.

During the last 90 days the administrative staff has implemented unconstitutional policies. The policies have not been tested or vetted for compliance with the law. Please cease and desist.

Please process this in compliance with the Prison Litigation Reform Act.

Sincerely



RECEIVED

FEB 06 2020

Ombudsman Services Unit
Central Region

I certify pursuant to 28 U.S.C § 1746, this letter was sent via the prison mail system on January 1, 2020



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FL 1-13

REGULAR GRIEVANCE

FEB 06 2020

Ombudsman Services Unit
Central Region

Log Number: _____

<u>Lowe</u>	<u>Mark</u>	<u>1489162</u>	<u>3A-7</u>	<u>3A-7</u>
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

There is no published incentive program at
Baskerville Corrections. I have been incarcerated for over
5 years with no charges or violations. The staff refuses to transfer
me to building 3B. 3B is a living area where incentives are
given to prisoners who are segregated through a unknown process.
'White Jews' and other ethnic groups are given preferential
treatment in violation of my 8th amendment and 14th amendment rights.
The staff is currently implementing sleep deprivation tactics in the
general population. Sleep deprivation has an adverse affect
upon me. Please house me in an area where my rights
are not violated. BACC-INF-00049

What action do you want taken? Cease and desist and/or transfer me to
a 'safe area' where prisoners are not attacked by
staff. No response was given in the INT

FEB 06 2020

Ombudsman Services Unit
Central Region

Grievant's Signature: _____

Date: January 23, 2020Warden/Superintendent's Office: [Signature]Date Received: 1-29-2020

RECEIVED
JAN 29 2020
Baskerville Grievance
Department

For 2

Revision Date: 1/14/13



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866.1-13

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the Warden/Superintendent's office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

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<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to: _____
<input checked="" type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information. You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: SPBugs Date: 1-29-2020

RECEIVED
FEB 08 2020
Ombudsman Sec

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: S. Moe-Jell Date: 2/16/2020

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Complainant Signature: _____ Date: _____

Staff Witness: _____ Date: _____

Mark Lowe-1489162
Basteville Correctional Center
4150 Hayes Mill Road
Basteville Va 23915

January 20, 2020

Regional Ombudsman
Dept of Corrections
9503-A Hull Street Road
Richmond, Va 23230

RECEIVED
FEB 06 2020
Ombudsman Services Unit
Central Region

Subject: Sleep Deprivation

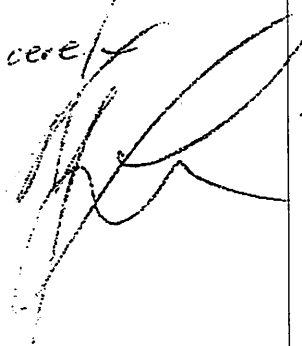
To Whom it May Concern,

The local Basteville Administration implemented a 24hr lighting policy which causes sleep deprivation. Although the staff used dimmers for the prior 8 years, the staff has chosen to stop.

24hr illumination is a violation of my 8th Amendment Rights, cruel, unusual, and not rational. The action is a violation of Federal Law citing Keenan v. Hull, 83 F.3d 1083, 1091 (9th Cir. 1998) and Le Maire v. Maass, 745 F. Supp. 623, 636 (D. Or. 1990).

I have been injured by the wanton indifference of staff. Please cease and desist. The staff has failed to follow the grievance policy.

Sincerely,





DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Mark LoweOffender Number 1489162Housing Assignment 3A-7Individuals Involved in Incident WardenDate/Time of Incident 12-24-19

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary

☒ Other (Please Specify):

- ☐ Institutional Program Manager
☐ Mailroom

Assist Warden

Briefly explain the nature of your complaint (be specific):

I am entitled to a minimum mandatory (1) one hour of outside exercise per day. However, on December 24, 2019, the administrative staff denied exercise and violated my constitutional rights under the 8th amendment of the United States Constitution. There were no security incidents or concerns.

Offender Signature

Date 12-24-19

Offenders - Do Not Write Below This Line

Date Received: 12/27/19Response Due: 1/11/20

Action Taken/Response:

Tracking # BPP-19-INF-00921Assigned to: Majed Hamletto

It was raining on the date in question outside respect he was cancelled due to inclement weather.

Respondent Signature

Printed Name and Title

Majed Hamletto

Date

01-13-2020
WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:

Revision Date: 4/28/17

EXHIBIT 4



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_1-13

REGULAR GRIEVANCE

Log Number: _____

Lowe	Mark	1489162	3A-7	7
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

During the last 90 days, the Baskerville Administration has implemented enhanced military tactics through security and under the color of law. The tactics have included sleep deprivation; (2) denial of outside recreation; (3) denial of food. Please take action to protect my health and welfare, and human rights from the administrators planning the modifications. It is unlawful to institutionalize the changes described above. BACC-19-00920

RECEIVED

FEB 06 2020

Ombudsman Services Unit
Central RegionWhat action do you want taken? cease and desistGrievant's Signature: 

Date:

12-31-19

Warden/Superintendent's Office:

Date Received: _____

RECEIVED

DEC 31 2019

Baskerville Grievance
Department



DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Marka have Offender Number: 1489162 Housing Assignment: 3A-7
 Individuals Involved in Incident: Baskerville Administrative staff Date/Time of Incident: 1 December 24, 2019

☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Assist Warden

Briefly explain the nature of your complaint (be specific):

During the last (90) ninety days, the Baskerville Administration has implemented enhanced military tactics through security and under the color of law. The tactics have included the unlawful and unauthorized practice of (1) sleep deprivation through count tactics; (2) denial of outside recreation for (1) hour per day; (3) denial of food. Please take action to protect my health, welfare, and human rights from the administrators.

Offender Signature: _____ Date: 12-24-19

Offenders - Do Not Write Below This Line

Date Received: 12/27/19

Response Due: 1/11/20

Action Taken/Response: _____

RECEIVED
 DEC 27 2019
 Baskerville Grievance Department

Tracking # BACC-19-INF-00920
 Assigned to: Ms. Boone

I have discussed your concern with Ms. Boone. There has been no effort by BACC staff to deny you sleep, recreation, or food. You are only required to stand for count at formal count times. Meals are served in the Dining Hall 3 times per day (Breakfast, Lunch, and Dinner).

Respondent Signature: [Signature]

G. Bugg, Op. Mgr.
 Printed Name and Title

RECEIVED
 FEB 06 2020
 Ombudsman Services Unit
 Central Region

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Staff Witness Signature: _____

RECEIVED

DEC 31 2019

Baskerville Grievance Department

Date: _____

Date: _____

Revision Date: 4/28/17



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the Warden/Superintendent's office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1.
<input type="checkbox"/>	Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> .
<input type="checkbox"/>	Matters beyond the control of the Department of Corrections
<input checked="" type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 OFFENDER DISCIPLINE
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information. You need to provide the following information to the Grievance Office within days before the grievance can be processed:
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

RECEIVED
 FEB 06 2021
 Ombudsman Services Unit
 Central Region

Institutional Ombudsman/Grievance Coordinator:

Date:

12-31-19

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman:

Date:

2/6/2020

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature:

Date:

Staff Witness:

Date:

EXHIBIT 5



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866 F2 4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name <u>Mark Lowe</u>	Offender Number <u>1489162</u>	Housing Assignment <u>3A-7</u>
Date/ Time of Incident <u>1-18-20</u>		
Individuals Involved in Incident		
<input checked="" type="checkbox"/> Unit Manager/Supervisor	<input type="checkbox"/> Food Service	<input type="checkbox"/> Institutional Program Manager
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Commissary	<input type="checkbox"/> Mailroom
<input type="checkbox"/> Medical Administrator	<input type="checkbox"/> Other (Please Specify): _____	

Briefly explain the nature of your complaint (be specific):

The Bucksville Administrative staff suspended all incentive programs.
The Bucksville Administrative staff implemented a caste housing
system in place of the incentive programs. The staff violates
protected constitutional rights within a institutional classification
system. It is unconstitutional to house and violate prisoners
rights based on a classification system. I have been denied
recreation, food, sleep etc. . . . The staff is currently implementing sleep deprivation
Offender Signature [Signature] Date 1-18-20

Offenders - Do Not Write Below This Line

Date Received: 1-24-2020 Tracking # BACCAQ-INF-00041
Response Due: 2-8-2020 Assigned to: Mr. Robinson
Action Taken/Response: _____

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: [Signature]Date: 2-2-20Staff Witness Signature: [Signature]Date: 2/3/2020

Revision Date: 4/28/17

There is "no legitimate penological justification for requiring [inmates] to suffer physical and psychological harm by living in constant illumination." *Keenan v. Hall*, 83 F.3d 1083, 1091 (4th Cir. 1997); *Le Maire v. Maass*, 12 F.3d 1444 (4th Cir. 1993)

Constant lighting prevented inmates from sleeping
unconstitutional



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F2_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Mark Lowe Offender Number: 1489162 Housing Assignment: BA - 7
Date/ Time of Incident: 1-17-20

Individuals Involved in Incident

- ☒ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify): _____

Briefly explain the nature of your complaint (be specific):

The Baskerville Administrative staff suspended all incentive programs.
The Baskerville Administrative staff implemented a caste housing
system in place of the incentive programs. The staff violates
protected constitutional rights within a institutional classification
system. It is unconstitutional to house and violate prisoners
rights based on a classification system. I have been denied
recreation, food, sleep etc. . . . The staff is currently implementing sleep deprivation
 Offender Signature: [Signature] Date: 1-18-20

Offenders - Do Not Write Below This LineDate Received: 1-24-2020Tracking # BACCA-Inf-00041Response Due: 2-8-2020Assigned to: Mr. Robinson

Action Taken/Response:

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: [Signature]Date: 2-2-20Staff Witness Signature: [Signature]Date: 2/3/2020

Revision Date: 4/28/17



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FL 1-13

REGULAR GRIEVANCE

RECEIVED

FEB 06 2020

Ombudsman Services Unit
Central Region

Log Number: _____

<u>Lowe</u>	<u>Mark</u>	<u>1489162</u>	<u>3A-7</u>	<u>3A-7</u>
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other

documentation of informal process.) There is no published incentive program atBaskerville Corrections. I have been incarcerated for over5 years with no charges or violations. The staff refuses to transferme to building 3B. 3B is a living area where incentives aregiven to prisoners who are segregated through a unknown process.'White Jews' and other ethnic groups are given preferentialtreatment in violation of my 8th amendment and 14th amendment rights.The staff is currently implementing sleep deprivation tactics in thegeneral population. Sleep deprivation has an adverse affectupon me. Please house me in an area where my rightsare not violated. BACC-INF-00049What action do you want taken? Cease and desist and/or transfer me toa 'safe area' where prisoners are not attacked bystaff. No response was given in the INT

RECEIVED

FEB 06 2020

Ombudsman Services Unit
Central RegionGrievant's Signature: [Signature]Date: January 23, 2020Warden/Superintendent's Office: [Signature]

RECEIVED

JAN 29 2020

Date Received: 1-29-2020Baskerville Grievance
Department

EXHIBIT 6

Mark Lowe-1489162
Basteville Correctional Center
4150 Hayes Mill Road
Basteville Va 23915

January 20, 2020

Regional Ombudsman
Dept of Corrections
9503-A Hall Street Road
Richmond, Va 23236

RECEIVED

FEB 16 2020
Ombudsman Services Unit
Central Region

Subject: Sleep Deprivation

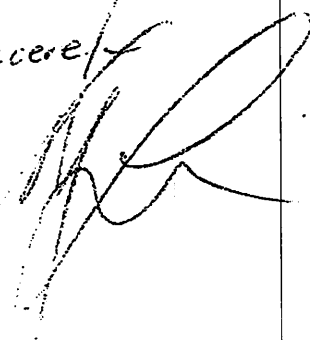
To Whom it May Concern,

The local Basteville Administration implemented a 24 hr. lighting policy which causes sleep deprivation. Although the staff used dimmers for the prior 8 years, the staff has chosen to stop.

24 hr illumination is a violation of my 8th Amendment Rights, cruel, unusual, and not rational. The action is a violation of Federal Law citing Keenan v. Hull, 83 F.3d 1083, 1091 (9th Cir. 1995) and Le Maire v. Maass, 745 F. Supp. 623, 636 (D. Or. 1990).

I have been injured by the wanton indifference of staff. Please cease and desist. The staff has failed to follow the grievance policy.

Sincerely,



Date:

Date:

WITHDRAWAL OF INFORMAL COMPLAINT:

Printed Name and Title

Date _____

Response Due:

Date Received: _____

Assigned to:

Tracking

Offenders - Do Not Write Below This Line

Offender Signature _____

Date _____

Sgt Dave asserted lights all to remain on all the time.
 on January 18, 2020, Officer Gade refused to comply with the posted
 lighting policy on January 18, 2020. Officer Richardson refused to turn
 the lights off at 10:00pm. It is unlawful to use lighting as torture
 or to disrupt sleep. The staff has violated my 8th amendment rights
 Sgt Marks asserted the prior instructions were a miscommunication. The lights are
 not a security threat. The lights are off in building 3B. I have had less than 5 hours of quiet time with
 lights out.

Offender Signature _____
 Date _____

Offenders - Do Not Write Below This Line

☐ Medical Administrator

☒ Other (Please specify): Wardrobe

Briefly explain the nature of your complaint (be specific): The staff is refusing to use the light dimmer.

11. The time (night and day)

☐ Medical Administrator☐ Personal Property☐ Unit Manager/Supervisor

COMMISSIONER

Food Service

☐ Institutional Program Manager

Mailroom	<input type="checkbox"/>
RECEPTION	<input type="checkbox"/>

Date/ Time of Incident

Housing Assignment

1/22/2012 (1/22/2012) 1/22/2012

Offender Name

Offender Number

1489162

Home

You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance.

Informal Complaint

DEPARTMENT OF CORRECTIONS

VIRGINIA



Informal Complaint 866-F3-417



VIRGINIA
DEPARTMENT OF CORRECTIONS

Offender Request 801_F3_10-17

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Lowe	Mark	M	1489162	3A-7
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
		1-28-20		

TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security
☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting
☐ Chaplain ☐ Assistant Warden ☐ Warden ☐ Dental
☒ Other Warden Bartsdale

CHECK PURPOSE ☐ Appointment Request ☐ Question/Statement

The staff has refused to comply with the published lighting policy posted in dorm 3A. On January 17, 2020 the staff (Officer Richardson) refused to turn the lights out at 10:00pm. On January 18, 2020 the staff (Officer Gools) refused to keep the lights off until 9:30 am. It is unlawful to keep full lighting all the time. However, Officer S. Pore asserted lights are to be kept on all the time. The staff is randomly violating the lighting policy for harassment. The staff is refusing to use the light dimmers.

What is the lighting policy?

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: _____ Date: _____

Your complaint is being forwarded to Sgt. Pore to give me a response to your complaint, to be addressed.

Offender seen ☐ Yes ☐ No

Official Responding

1-28-2020
Date of Response

Revision Date: 10/26/17



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_1-13

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the Warden/Superintendent's office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue -- resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input checked="" type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information. You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: SPBugsDate: 1-29-2020

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: S. Mae-J. HillDate: 2/6/2020

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Complainant Signature: _____

Date: _____

Staff Witness: _____

Date: _____

RECEIVED
FEB 06 2020
Ombudsman



VIRGINIA
DEPARTMENT OF CORRECTIONS

Offender Request 801_F3_10-17

Offender Request

DIRECTIONS

1. Fill in your Name, Number, Full Housing Assignment
2. Please Print your request; **KEEP IT BRIEF**
3. Drop in the appropriate Mail Box

4. Requests may be returned unanswered if addressed to the wrong department or if duplicate requests are sent.

YOUR LAST NAME	FIRST	MI	NUMBER	BLDG/CELL
Lowe	Mark	M	1489162	3A-7
WORK ASSIGNMENT	ASSIGNED COUNSELOR	TODAY'S DATE		
		1-28-20		

TO: ☐ Unit Manager ☐ Medical ☐ Personal Property ☐ Law Library ☐ Security
☐ Treatment ☐ Mental Health ☐ Education ☐ Enterprise Shop ☐ Accounting
☐ Chaplain ☐ Assistant Warden ☐ Warden ☐ Dental
☒ Other Warden Bartsdale

CHECK PURPOSE ☐ Appointment Request ☐ Question/Statement

The staff has refused to comply with the published lighting policy posted in dorm 3A. On January 17, 2020 the staff (Officer Richardson) refused to turn the lights out at 10:00pm. On January 18, 2020 the staff (Officer Gools) refused to keep the lights off until 9:30 am. It is unlawful to keep full lighting all the time. However, Officer Sgt. Pore assisted lights are to be kept on all the time. The staff is randomly altering the lighting policy for harassment. The staff is refusing to use the light dimmers.

What is the lighting policy?

DO NOT ATTACH ADDITIONAL PAGES; DO NOT WRITE BELOW THIS LINE

RESPONSE

Request sent to correct department ☐ Yes ☐ No; Routed to: _____ Date: _____

Your complaint is being forward to Sgt. Pore to give me a response to your complaint, to be address.

Offender seen ☐ Yes ☐ No

Official Responding

Date of Response

Revision Date: 10/26/17



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Mark Lowe Offender Number: 1489162 Housing Assignment: 3A-7
Individuals Involved in Incident: Warden Date/Time of Incident: 12-24-19

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary

☒ Other (Please Specify): Asst. Warden

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific):

I am entitled to a minimum mandatory (1) one hour of outside exercise per day. However, on December 24, 2019, the administrative staff denied exercise and violated my constitutional rights under the 8th amendment of the United States Constitution. There were no security incidents or concerns.

Offender Signature: _____

Date: 12-24-19

Offenders - Do Not Write Below This Line

Date Received: 12/27/19

Response Due: 1/11/20

Action Taken/Response: _____

Tracking # BPM-19-INF-00921

Assigned to: Majed Hamletto

It was raining on the date in question outside respect he was cancelled due to inclement weather.

Respondent Signature: _____

Printed Name and Title: Majed Hamletto

Date: 01-13-2020

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____

Revision Date: 4/28/17



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_1-13

REGULAR GRIEVANCE

Log Number: _____

Lowe	Mark	1489162	3A7	3A7
Last Name	First	Number	Building	Cell/Bed Number

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

The staff is refusing to use light dimmers as part of an unpublished ^{sleep-}light deprivation program. The use of full lighting 24 hours per day is unlawful. However, Bushville has created a segregation system where prisoners are exposed to excess light based on charges or violation of Dept. of Corrections rules. The process is ~~unlawful~~ unlawful and a violation of my 8th amendment rights. The staff refuses to move me or stop the sleep deprivation.

BACC-20-INF-00048

What action do you want taken? cease and desist

Grievant's Signature:

Date: 1-23-20

Warden/Superintendent's Office:

Date Received: 1-29-2020

RECEIVED

JAN 29 2020

Prison Grievance
Department



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_1-13

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the Warden/Superintendent's office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input checked="" type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint <i>has until 2-8-2020</i>
<input type="checkbox"/>	Request for services <i>for response</i>
<input type="checkbox"/>	Insufficient Information. You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: <i>ABush</i> Date: <i>1-29-2020</i>	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.
Regional Ombudsman: _____ Date: _____	

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

REGULAR GRIEVANCE

Log Number: _____

<u>Howe Mark</u>	<u>1484162</u>	<u>3A7</u>	<u>3A7</u>
Last Name, First	Number	Building	Cell/Bed Number
<u>Boone</u>		<u>1/23-20</u>	
Individuals Involved in Incident	Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) Basterville Administrators have suspended

all published incentive programs and began sleep deprivation.
Full lighting is maintained for 18-19 hours per day. The staff
is violating the 8th amendment rights of prisoners. Some prisoners
are segregated in a different housing unit where night lights
or dimmers are used. Prisoners are allowed to sleep.
The Basterville staff is discriminating against
prisoners

BACC-20-INF-00047

What action do you want taken? rease and desist

Grievant's Signature: _____

Date: 1-23-20

Warden/Superintendent's Office: [Signature]

Date Received: 1-28-2020

JAN 23 2020

Basterville Grievance
Department

Revision Date: 4/28/17



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input checked="" type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint <i>has until 2-8-2020</i>
<input type="checkbox"/>	Request for services <i>for response</i>
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: *LB* Date: *1-29-2020*

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: _____ Date: _____

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

EXHIBIT 7



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Mark Lowe Offender Number 1489162 Housing Assignment 3A-7
Individuals Involved in Incident Boone Date/ Time of Incident 11-30-20

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Boone

Briefly explain the nature of your complaint (be specific):

The Dept of Corrections has rescinded policy #841.7 and does not provide an adequate safe guard to prevent staff and/or administration from violating my 8th Amendment rights. The staff has infringed and used sleep deprivation without medical advice or any other approval from the Dept of Corrections.

Offender Signature [Signature]Date 1-30-20

Offenders - Do Not Write Below This Line

Date Received: 2-7-2020Response Due: 2-22-2020

Action Taken/Response:

Tracking # BACC-20-INF-00130Assigned to: Ms BooneAcc

Your complaint has no specific subject or incident. I'm not sure what you are referring to.

Respondent Signature [Signature]Printed Name and Title G. Bugg Jr. MgrDate 2-11-2020**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: _____

Staff Witness Signature: _____

Date: _____

Revision Date: 4/28/17

EXHIBIT 8



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

REGULAR GRIEVANCE

Log Number: _____

Last Name, First <u>Lowe Mark</u>	Number <u>1489162</u>	Building <u>3A</u>	Cell/Bed Number <u>6</u>
Individuals Involved in Incident <u>LT Thomas and Officer Crutchfield</u>	Date/ Time of Incident <u>4-7-19,</u>		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

On April 7, 2019, Officer Crutchfield and LT Thomas objected to my request for a diabetic tray. The Security staff has no duty or incite into the need. The security staff attempted to implement their medical standards and personal opinion. The security staff used intimidation and the threat of physical force to deny medical trays. The response was delayed until September 4, 2019. The Baskerville staff failed to respond to this incident properly. BAC-F NF -00 282

What action do you want taken?

Please take corrective action.**RECEIVED**

SEP 20 2019

Ombudsman Services Unit
Central Region

Grievant's Signature:

Date:

Sept 5, 2019Warden/Superintendent's Office: [Signature]Date Received: 9-9-19



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input checked="" type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. <i>4-7-19</i>
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance # <i>More than 30 days ago</i>
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

RECEIVED

SEP 20 2019

Ombudsman Services Unit
Central Region

Institutional Ombudsman/Grievance Coordinator: *J. Brey* Date: *9-9-19*

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input checked="" type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: *S. Moe-Willis* Date: *9/20/19*

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____



VIRGINIA DEPARTMENT OF CORRECTIONS

Informal Complaint

Effective Date: August 28, 2019

Operating Procedure 866.1 Attachment 3

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance.

You may utilize your receipt as evidence of your attempt to resolve your complaint.

Lowe, Mark M

1489162

HU3-A-06-T

Offender Name

DOC#

Housing Assignment

☐ Unit Manager/Supervisor

☐ Food Service

☐ Treatment Program Supervisor

☐ Personal Property

☐ Commissary

☐ Mailroom

☐ Medical Administrator

☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific):

Capt. Marks

Offender complaining that the kitchen staff diabetic meals without problem.. On 4-7-19 Lt. Thomas objected to his need for food. Diabetic trays are beyond the scope for security. The staff acted immature and harassed offenders with a medical need.

Offender Signature: _____

Date: _____

Offenders - Do Not Write Below This Line

Date Received: 04/10/2019

Grievance #: BACC-19-INF-00282

Response Due: _____

Assigned to: _____

Action Taken/Response:

Per Capt. L. Butcher the diabetic are given to the offenders by the Food Service.
Capt. L. Butcher *9-4-19*

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint,

I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: _____

RECEIVED
 SEP 20 2019
 Ombudsman Services Unit
 Central Region

Staff Witness Signature: _____

Date: _____

EXHIBIT 9

EXHIBIT 10

EXHIBIT 11

Warden Barksdale
Baskerville Correctional Center
4150 Hayes Mill Road
Baskerville Va 23915

and

Harold Clarke - Director
Steve Herrick - Director
David Robinson - Chief of Operations
9503-A Hull Street Road

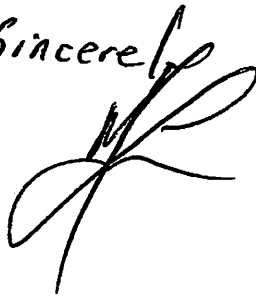
Subject: Prescriptions Mark Lowe 1489162

Attention staff and Administrators:

On or about May 9, 2020, I reported the denial of prescription medication as a result of a confrontation with Major Hamlette. The medications of fiber laxative and DynaRub for arthritis have been denied through this date. Major Hamlette refused to distribute toilet paper.

Security Officers objectives and annual duties do not include forced constipation and denial of arthritis medication. The sarcasm of the incident is overshadowed by the irrational decision to discriminate and harass. All courts have found the decision to discriminate against disable persons or persons in need of medical support is wrong and unlawful. I have requested relief and protection in the proper venue. Please take corrective action and provide the medication. Major Hamlette has chosen to intimidate and harass by focusing on my defecation. The decision is perverse and unlawful.

Sincerely,

A handwritten signature in black ink, appearing to be a stylized 'R' or 'L' with a long horizontal stroke extending to the left.

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is filed during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

MAY 11 2020

Mark Lowe

Offender Name

1489162

Offender Number

311 - Department

Housing Assignment

Individuals Involved in Incident

Date/Time of Incident

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary

- ☐ Institutional Program Manager
☐ Mailroom

☒ Other (Please Specify): Warden

Briefly explain the nature of your complaint (be specific):

I am the only person in pod or housing unit 3A which Officer Good and Major Hamlette have instructed the staff to deny toilet paper. White prisoners are given toilet paper as needed. The video surveillance system has a record of weekly distribution of toilet paper to all other prisoners. The staff has (1) retaliated against Mark Lowe and (2) irrationally discriminated against Mark Lowe and violated his 14th amendment rights.

Offender Signature

Date

rights

Offenders - Do Not Write Below This Line

4-30-2020

Date Received: 5-1-2020Tracking # BACC-20-INF-00339Response Due: 5-16-2020Assigned to: Major Hamlette

Action Taken/Response:

During a face to face conversation with Officer Lowe, I informed him that toilet paper is passed out on the night shift once a week on Thursday night, but if I run out before the 5-1500 time day shift will log it in the control room an issue you a roll of toilet paper. If this happens then once you will need a doctor note.

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:

Revision Date: 4/28/17



VIRGINIA DEPARTMENT OF CORRECTIONS

Grievance Receipt Report


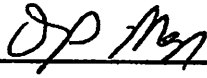
VACORIS C - #.0

DOC Location: BACC Baskerville Correctional Center

Report generated by Bugg, G E

Report run on 05/12/2020 at 12:10 PM

Grievance Number: BACC-20-INF-00369Next Action Date: 5/27/2020 12:00:00 AM

On this date:	05/12/2020	I have received a statement from:
Lowe, Mark M	1489162 of	Baskerville Correctional Center
(Offender Name and DOC#)		(Filed Location and Housing)
Setting out the following complaint:		
Nurse Harris		
Offender says after confronting Major Hamlette, 2 prescriptions were removed from active status. The prior head nurse at Deep Meadow was terminated for tampering with his medical record. Please take corrective action. The prescriptions were renewed at his last annual examination.		
		
(Signature)		

Officer Initials: _____

LOWE, MAR 1489162
Fiber-Lax 825mg Tablet
 SUB FOR FIBERCON MFG:RUGBY
TAKE 2 TABLET(S) ORALLY ONCE DAILY
AS NEEDED WITH 8-16 OZ OF WATER
"KOP"

Q1:30
 OF 60

237308523 LOWE, M 1489162
 FIBER-LAX 82 #18007562 BK,0403

RX# 18007562 DC:04/13/2020
 PRESCRIBER:BOATY, E MSV
 TAN;OBLONG

CPC 319

0216:10:17/2019 0152:02:12/2020
BK- BASKERVILLE CORR CENTER
 DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701
 800-882-6837 FAX 800-523-0008 801753640 LAKE 145 80

Take This Medicine With A Full Glass Of Water

LOWE, MAR 1489162
DynaRub Pain Relief Cream
 SUB FOR BENGAY MFG:DYNAR
APPLY CREAM TOPICALLY TWICE DAILY AS NEEDED "KOP"

Q1:12:28/2019 0152:05:11/2019
BK- BASKERVILLE CORR CENTER
 DIAMOND PHARMACY SERVICES 645 KOLTER Restrict
 800-882-6837 FAX 800-523-0008 801751

For External Use Only. Keep Out Of The Eyes, Inside Of Nose, Or Mouth.

219914421 LOWE, M 1489162
 DYNARUB PAIN #10885802 BK,0513

Q1:10:17/2019 0152:02:12/2020
BK- BASKERVILLE CORR CENTER
 DIAMOND PHARMACY SERVICES 645 KOLTER INDIANA PA 15701
 800-882-6837 FAX 800-523-0008 801753640 LAKE 145 80



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Mark Lawe Offender Number: 1457162 Housing Assignment: 3A-6
Individuals Involved in Incident: Officer Jordan Date/ Time of Incident: 12:00 am November 11, 2019

☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Assist Warden

Briefly explain the nature of your complaint (be specific):

Once about the morning of November 11, 2019, Officer Jordan searched my locker and bag at 12:00 am. The search was for toilet paper. Possession of toilet paper is not an offense under 86C.1 operating procedure for the Virginia Dept of Corrections. The search was retaliation and sleep deprivation. The officer did not seize any items. The officer is searching my bed area for toilet paper while ignoring cracking in the living area.

Offender Signature: [Signature] Date: 11-14-19

Offenders - Do Not Write Below This Line

Date Received: 11-15-19 RECEIVED Tracking # BACC-P-INT-00825
Response Due: 11-30-19 Assigned to: Lt. Bourne / Lt. Thomas
Action Taken/Response: NOV 15 2019

I made a security check at Baskerville Grievance Department 2315 hrs. You complained to me about staff not providing toilet paper upon requests. Lt. Richardson was given a roll to give to you. Lt. Jordan gave it to you and checked your area, to ensure you were actually out. You were already still awake at that time. A cursory search of this nature is standard whenever offenders are claiming to be out of provided items, i.e. state clothing, etc.

Respondent Signature: Lt. R. Bourne Printed Name and Title: Lt. R. Bourne Date: 18 NOV 19

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Mark Lowe Offender Number: 1489162 Housing Assignment: 3A-7
Date/Time of Incident: 1:00 pm / 4-9-20

Individuals Involved in Incident

- ☒ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific):

The administrative staff does not have 'salt' or toilet paper for prisoner usage. The shortage is artificial and not caused by COVID-19. It is cruel and very unusual to deny toilet paper.

Offender Signature: _____

Date: 4-9-20

Offenders - Do Not Write Below This Line

Date Received: 4-14-2020

Response Due: 4-29-2020

Action Taken/Response:

Tracking # BACC-20-INF-00270

Assigned to: Mr. Wynne UM

Toilet paper is available for purchase through Kieffe per OP801.6 Baskerville. Practice has always been to issue toilet paper once per week with all offenders receiving one (1) roll of toilet paper. On 4/9/20 a complaint toilet paper was issued to all offenders. Salt has not been delivered therefore can not be issued (Per Food Service). Food Service will address issue.

Respondent Signature: Debra Wynne

Printed Name and Title: Debra Wynne, Unit Mgr

Date: 4-16-2020

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or grievance on this issue.

Offender Signature: _____

Date: MAY 08 2020

Staff Witness Signature: _____

Date: _____

Ombudsman Services Unit
Central Region
Revision Date: 4/28/17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is filed during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

RECEIVED
MAY 01 2020
Baskerville Grievance
Department

Offender Name: Mark Lowe Offender Number: 1489162 Housing Assignment: 3A - Department
Date/Time of Incident: 4-30-2020

Individuals Involved in Incident

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Warden

Briefly explain the nature of your complaint (be specific):

I am the only person in pod or housing unit 3A which Officer Good and Major Hamlette have instructed the staff to deny toilet paper. While prisoners are given toilet paper as needed. The video surveillance system has a record of weekly distribution of toilet paper to all other prisoners. The staff has (1) retaliated against Mark Lowe and (2) irrationally discriminated against Mark Lowe and violated his 14th amendment rights.

Offender Signature

Mark Lowe

Date

4-30-2020

Offenders - Do Not Write Below This Line

Date Received: 5-1-2020

Tracking # BAC-20-INF-00339

Response Due: 5-16-2020

Assigned to: Major Hamlette

Action Taken/Response:

During a face to face conversation with Officer Lowe, I informed him that toilet paper is passed out on the night shift once a week on Thursday night, but if he ran out before the 5k-issue time day shift will log it in the control room and issue you a roll of toilet paper. If this happens more than once you will need a Doctor Note.

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:

Revision Date: 4/28/17

AO 399 (01/09) Waiver of the Service of Summons

UNITED STATES DISTRICT COURT

for the

Mark Madison Lowe
Plaintiff

Harold Clarke - Director
Defendant

Civil Action No.

WAIVER OF THE SERVICE OF SUMMONS

To: Mark Herring
(Name of the plaintiff's attorney or unrepresented plaintiff)

I have received your request to waive service of a summons in this action along with a copy of the complaint, two copies of this waiver form, and a prepaid means of returning one signed copy of the form to you.

I, or the entity I represent, agree to save the expense of serving a summons and complaint in this case.

I understand that I, or the entity I represent, will keep all defenses or objections to the lawsuit, the court's jurisdiction, and the venue of the action, but that I waive any objections to the absence of a summons or of service.

I also understand that I, or the entity I represent, must file and serve an answer or a motion under Rule 12 within 60 days from _____, the date when this request was sent (or 90 days if it was sent outside the United States). If I fail to do so, a default judgment will be entered against me or the entity I represent.

Date: _____

Signature of the attorney or unrepresented party

Printed name of party waiving service of summons

Printed name

Address

E-mail address

Telephone number

Duty to Avoid Unnecessary Expenses of Serving a Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain defendants to cooperate in saving unnecessary expenses of serving a summons and complaint. A defendant who is located in the United States and who fails to return a signed waiver of service requested by a plaintiff located in the United States will be required to pay the expenses of service, unless the defendant shows good cause for the failure.

"Good cause" does *not* include a belief that the lawsuit is groundless, or that it has been brought in an improper venue, or that the court has no jurisdiction over this matter or over the defendant or the defendant's property.

If the waiver is signed and returned, you can still make these and all other defenses and objections, but you cannot object to the absence of a summons or of service.

If you waive service, then you must, within the time specified on the waiver form, serve an answer or a motion under Rule 12 on the plaintiff and file a copy with the court. By signing and returning the waiver form, you are allowed more time to respond than if a summons had been served.

Print

Save As...

Reset



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

REGULAR GRIEVANCE

Log Number: _____

<i>Lowie Mark</i>	<i>1489/62</i>	<i>3A-7</i>	<i>A-7</i>
Last Name, First	Number	Building	Cell/Bed Number
Individuals Involved in Incident	<i>14-9-2020</i>		
	Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

The Baskerville Correctional Center ran out of toilet paper. The commissary had no toilet paper. It is cruel and unusual to deny toilet paper. The denial of toilet paper is an artificial crisis created by a person who intended to exploit the COVID-19 crisis. There is no Dept of Corrections policy which limits prisoners to (T) one roll of toilet paper per week. BACC-20-INT-00270

What action do you want taken?

Deploy toilet paper as needed

RECEIVED

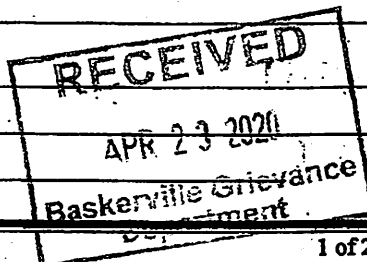
MAY 08 2020

Ombudsman Services Unit
Central Region

Grievant's Signature:

Warden/Superintendent's Office:

Date Received:



W/R Date: *4-21-2020*



VIRGINIA

DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 OFFENDER DISCIPLINE
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input checked="" type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: <u>AB</u> Date: <u>4-23-2020</u>	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.
Regional Ombudsman: <u>S. Mc-Willen</u> Date: <u>5/8/2020</u>	

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any further grievance in the future on this issue.

Offender Signature: _____ Date: _____
 Staff Witness: _____ Date: _____

RECEIVED
 MAY 08 2020
 Ombudsman Services Unit
 Central Region

Revision Date: 4/28/17

- ① Officer Osborne gave out extra toilet paper on
May 5, 2020 10:45 am
- ② Officer Goode gave out extra toilet paper at 2:00 pm
on May 4, 2020 Monday
- ③ Freeman 11:08 am Freeman gave out TP of
May 3, 2020
- ④ Sunday 5:39 May 3 toilet paper distributed
- ⑤ Theresa Jordan distributed TP at 7:00
April 30, 2020
- ⑥ extra at 9:00 am April 28, 2020
- ⑦ Jordan sleep 1:39 am Saturday May
9, 2020
- ⑧ April 27, 2020 search
- ⑨ ~~Ator~~ May 13, 2020 search 8:00 am

EXHIBIT 12



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Mark Lewis Offender Number 1489162 Housing Assignment 3A
1 room / 9-20-19

Individuals Involved in Incident

Date/ Time of Incident

- ☐ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Assist Warden Boon

Briefly explain the nature of your complaint (be specific):

The 3A staff is not complying with the lights out policy. The staff is turning on the day lights to disrupt sleep. Sleep deprivation is against the law. This is the 3rd complaint of similar tactics used to attack prisoners. Please sanction the employee(s) and take corrective action.

Offender Signature

Date

9-19-19

Offenders - Do Not Write Below This Line

Date Received:

9/20/19

Tracking #

BACC-1A-INT-0698

Response Due:

10/1/19

Assigned to:

MS Wynn

Action Taken/Response:

Respondent Signature

Printed Name and Title

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date: 10-4-19

Staff Witness Signature:

Date: 10-4-19

Revision Date: 4/28/17

EXHIBIT 13



VIRGINIA DEPARTMENT OF CORRECTIONS

Disciplinary Offense Report

861.1 A-1

Report generated by Cooper, W D

Report run on 11/06/2018 at 5:19 PM

Case Number: <u>BACC-2018-0527</u>		Offender Name: <u>Lowe, Mark M</u>		DOC #: <u>1489162</u>	Housing: <u>HU3-A-06T</u>
Facility: <u>Baskerville Correctional Center</u>		Reference: _____			
Offense Code: <u>244</u>	Offense Title: <u>Unauthorized use of facility supplies- tools- equipment or machinery</u>				
Offense Date: <u>11/6/2018</u>	Approximate Time: <u>10:00 AM</u> Location: <u>N/A - Law Library</u>				
DESCRIPTION OF THE OFFENSE					
Provide a summary of the details of the offense (i.e.: who, what, when, where, and how; any unusual behavior, any physical evidence and its disposition, and any immediate action taken – including use of force, etc.)					
On November 2, 2018 I Sgt. W.P. Hatcher (Investigator) was informed of a letter that was typed and sent to the Regional Office in Richmond, Va. by offender M. Lowe #1489162. A Regional Staff member stated that Legal Court papers are the only documents that can be typed. It was verified that this rule is posted in the Law Library. I Sgt. Hatcher completed my investigation on November 6, 2018. Therefore I charge offender M. Lowe per Operating Procedure 861.1.					
<input checked="" type="checkbox"/> Investigation		Date Completed: <u>11/6/2018</u>		<input type="checkbox"/> DESCRIPTION CONTINUED ON ATTACHED PAGE	
Witnesses: _____ _____		Reporting Officer: <u>Hatcher, W P</u>			
		Title: <u>Sergeant</u>			
		Date: <u>11/6/2018</u>		Time: <u>10:19 AM</u>	
Officer -In-Charge: <u>Cooper, W D</u>		Title: <u>Lieutenant</u>			
OIC Signature: <u>[Signature]</u>		Date: <u>11/6/2018</u>		Time: <u>5:17 PM</u>	
ADVISEMENT OF RIGHTS					
By signing below, you indicate your preference regarding the rights indicated. Failure to respond, or indicate a preference, constitutes a WAIVER of the first three rights. The following forms are available to the offender UPON REQUEST in each housing unit: <i>Witness Request Form</i> , <i>Documentary Evidence Request Form</i> , and the <i>Reporting Officer Response Form</i> . The offender must submit these request forms to the Hearings Officer within 48 HOURS of the charge being served.					
DO YOU REQUEST A STAFF OR OFFENDER ADVISOR TO ASSIST YOU AT THE HEARING?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO REQUEST WITNESSES?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO REQUEST DOCUMENTARY EVIDENCE?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO WAIVE YOUR RIGHT TO 24-HOUR PREPARATION TIME PRIOR TO THE HEARING?				<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO APPEAR AT THE DISCIPLINARY HEARING? Refusal to appear is an admission of guilt, a waiver of witnesses and the right to a disciplinary hearing.				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
YOU HAVE THE RIGHT TO QUESTION REPORTING OFFICER (in person for Category I Offenses; by submitting a Reporting Officer Response Form for Category II Offenses)					
YOU HAVE THE RIGHT TO ENTER INTO A PENALTY OFFER.					
YOU MAY REMAIN SILENT. Silence does NOT constitute an admission of guilt.					
THE CHARGE MAY BE VACATED AND RE-SERVED AS A DIFFERENT OFFENSE, WHICH CAN BE A HIGHER, EQUIVALENT OR LESSER OFFENSE CODE.					
YOU MAY BE FOUND GUILTY OF A LESSER-INCLUDED OFFENSE CODE, IN ACCORDANCE WITH OPERATING PROCEDURE 861.1					
You have been informed of the charges against you, and advised of your rights at the Disciplinary Hearing.					
Served and Witnessed By: <u>[Signature]</u>		Offender's Signature: <u>[Signature]</u>			
Print Name: <u>C R WILLIAMS</u>		Print Name: <u>Mark Lowe</u>			
Date of Service: <u>11-6-2018</u>		Approximate Time: <u>1945</u>			
IF OFFENDER REFUSES TO SIGN, SERVING OFFICER WILL CERTIFY REFUSAL: _____					

ADVISOR AT SERVICE OF DOR: SHEPHERDFORMS PROVIDED AT SERVICE (IF REQUESTED): ☒ Yes ☐ NoDate of Hearing: 11/13/2018

Revised Date: _____

Revised Date: _____

Revised Date: _____



VIRGINIA DEPARTMENT OF CORRECTIONS

861.1 A-2

Penalty Offer

Report generated by Cooper, W D

Report run on 11/06/2018 at 5:19 PM

Case Number:	<u>BACC-2018-0527</u>	Offender Name:	<u>Lowe, Mark M</u>	DOC #:	<u>1489162</u>	Housing:	<u>HU3-A-08T</u>
Facility:	<u>Baskerville Correctional Center</u>	Reference:					
Offense Code:	<u>244</u>	Offense Title:	<u>Unauthorized use of facility supplies- tools- equipment or machinery</u>				
Offense Date:	<u>11/6/2018</u>	Approximate Time:	<u>10:00 AM</u>	Location:	<u>N/A - Law Library</u>	Investigation Complete:	<u>11/6/2018</u>

PENALTY OFFER

The available evidence for this case has been reviewed and you are being offered the following penalty:

Penalty : 1 - Reprimand - 1 - Reprimand

Suspended for (if applicable): _____

☒ For the charge of: Offense Title: 244 - Unauthorized use of facility supplies- tools- equipment or machinery
☐ For the Lesser Included Offense of: _____

Staff Signature: Lt. W. Cooper Date: 11/6/2018 Time: 5:18 PM
 Print Name: Cooper, W D Title: Lieutenant

CONDITIONS OF PENALTY OFFER

- 1) ACCEPT** -- By accepting, I understand I will be pleading guilty to the offense specified in the offer and accept the penalty indicated above and will waive my right to a Disciplinary Hearing, including any right I may have to present witnesses or other evidence on my behalf, as well as any right I may have to ask questions of anyone who may have given a statement against me. I understand that accepting the Penalty Offer is final, and once I have accepted my Penalty Offer, any appeal of this offense will be limited to a determination of (a) whether there was a guilty plea; (b) whether there was an acceptance of a Penalty Offer; or (c) whether there was any serious procedural error. No other reason for an appeal will be considered.
- 2) DECLINE** -- If I decline the Penalty Offer, I will be afforded a Disciplinary Hearing. I will have the right to enter a not guilty plea at the hearing, and this Penalty Offer will in no way influence the outcome of the hearing or the severity of any penalty imposed as a result of the hearing.
- 3) 24 HOURS TO DECIDE** -- I understand that I have 24 hours from the date that the charge is served to accept this offer, and I will be provided the opportunity to consult with an advisor, upon request. Any staff member, other than the Hearings Officer, can witness the decision. If I fail to make a decision in 24 hours, I understand that I will be scheduled for a formal Disciplinary Hearing and will not have the option to accept the Penalty Offer prior to the hearing.

DECISION AT TIME OF SERVICE

- ☐ I ACCEPT the Penalty Offer.
☒ I DECLINE the Penalty Offer. I understand that I will be scheduled for a Disciplinary Hearing.
☐ I DEFER my decision. I understand that I have 24 hours from the time of service to communicate my intention to accept the Penalty Offer.

By signing below, I acknowledge that I have been advised of my rights:

Offender Signature: Mark Lowe Print Name: Mark Lowe Date: 11.6.18 Time: 1948
 Staff Signature: W. Williams Print Name: W. Williams Date: 11.6.18 Time: 1948

IF OFFENDER REFUSES TO SIGN, SERVING OFFICER WILL CERTIFY REFUSAL: _____

OFFENDER DECISION WITHIN 24 HOURS OF SERVICE

- ☐ I ACCEPT the Penalty Offer. NOTE: Offender can have any staff member witness this decision and forward the offender's signed copy to the Hearings Officer within 24 hours from the time of service of the Disciplinary Offense Report and Penalty Offer.

Offender Signature: _____ Print Name: _____ Date: _____ Time: _____
 Staff Signature: _____ Print Name: _____ Date: _____ Time: _____



11/08/2012



VIRGINIA
DEPARTMENT OF CORRECTIONS

Reporting Officer Response Form 861_F4_11-15

Reporting Officer Response Form

Case Number: BACC-2018-0527
 Offender Name: Mark have Offender Number: 1489162 Housing: 3A-6
 Offense Code: 244 Offense Title: Unauthorized use of facility-tools-equipment
 Offense Date: 11/6/18 Approximate Time: 10:00 ☒ AM ☐ PM Location: law library - NA

PART I - INSTRUCTION: This form is only used for Category II Offenses. The Reporting Officer will personally appear at a hearing for a Category I Offense. If you want to cross-examine the Reporting Officer (for a Category II Offense), provide your questions in the space provided below. It is your responsibility to submit this form to the Hearings Officer within 48-hours of service of the charge.

Reporting Officer: Sgt Hatcher Title: Sgt

PART II - QUESTIONS AND STATEMENT: Staff may not decline to submit a response to the following question(s). The hearing is scheduled for unknown. Reporting Officer must return to Hearings Officer by: _____

NOTE: Prior to the Reporting Officer receiving this form, the Hearings Officer will review the questions submitted by the offender to determine relevancy. The Hearings Officer's will indicate their decision by checking the appropriate box provided in the response section for each question and initialing in the designated space provided. If the Hearings Officer determines that a question is not relevant to the offense, the Reporting Officer is not required to answer that particular question.

Question #1:	Please identify by name, sender, recipient, date, document, and/or record which represents evidence of a crime, incident, and/or violation of Dept of Corrections policies and procedure 244 in this incident. <input type="checkbox"/> Relevant <input type="checkbox"/> Not Relevant Hearings Officer Initials:
Response #1:	The rules are posted in the Law Library.
Question #2:	Please identify by name, title, address, phone, UIID or any other unique identifier all parties or persons with knowledge of or witnessed the alleged violation of policy and procedure 244 on November 6, 2018. <input type="checkbox"/> Relevant <input type="checkbox"/> Not Relevant Hearings Officer Initials:
Response #2:	The rules are posted in the Law Library.
Question #3:	Please identify the Deep Meadows video surveillance system and video archive system; administrator; vendor, service provider, and address of archive and service provider address. <input type="checkbox"/> Relevant <input type="checkbox"/> Not Relevant Hearings Officer Initials:
Response #3:	I do not have access to Deep Meadows cameras.
Question #4:	Please identify by record and acknowledgement of any ADA training, discrimination training, and knowledge of the Americans with Disabilities Act law by Sgt Hatcher or Baskerville Correction Center. <input type="checkbox"/> Relevant <input type="checkbox"/> Not Relevant Hearings Officer Initials:
Response #4:	This does not pertain to the infraction (244).

Reporting Officer's Signature:

Sgt W.P. Hatcher

Print Name:

Sgt W.P. Hatcher

Date:

11-8-18

DISCIPLINARY OFFENSE REPORT (continued)

Case Number: PAC-2018-05273

Offender Name: Lowe, Mark M

DCC# 1489162

Housing: HU9/A001

Facility: Baskerville Correctional Center

Reference:

OFFENDER'S PLEA AND RIGHTS

Hearing Location: Baskerville Correctional CenterDate: 11/13/2018Time: 2:56 PMPlea: ☐ Guilty ☒ Not Guilty ☐ No Plea

Advisor at hearing: _____

Reason for absence/exclusion of the accused offender: _____

Was the Reporting Officer present at the Disciplinary hearing? ☒ Yes ☐ NoHas there been a denial of requested witnesses? ☐ Yes ☒ NoHas there been a denial of Documentary Evidence Forms? ☐ Yes ☒ No

DECISION OF THE HEARINGS OFFICER

- ☐ Guilty ☐ Not Guilty ☒ Dismissed ☐ Accepted Penalty Offer within 24 Hours of Service
- ☐ Informal Resolution ☐ Reduced to Lesser-Included Offense ☐ Reduced Penalty
- ☐ Vacated - Offender waived rewrite/serve of offense ☐ Vacated for Rewrite/Re-serve

☒ For the charge of: Offense Title: 244 - Unauthorized use of facility supplies- tools- equipment or machinery☐ For the Lesser Included Offense of: Offense Title: _____

Reason for Decision: _____

BASED ON OFFENDER PRESENTED EVIDENCE ON JP5 PLAYER LETTER WAS SENT OUT TO SECOND PARTY.Penalty: 1 - Reprimand - 1 - Reprimand

Comment: _____

Hearing Officer's Signature: Date: 11/13/2018Print Name: Jones, V B

INSTITUTIONAL REVIEW:

- ☒ Approved ☐ Dismissed ☐ Suspended Penalty ☐ Informal Resolution
- ☐ Reduced Penalty ☐ Rehear ☐ Reduced to Lesser-Included Offense
- ☒ For the charge of: Offense Title: 244 - Unauthorized use of facility supplies- tools- equipment or machinery
- ☐ For the Lesser Included Offense of: Offense Title: _____

Comments: Dismissed by Hearing Officer

Penalty: _____

Signature: Date: 11/15/18Print Name: R.W. MitchellTitle: RW



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Mark Lowe Offender Number 1487162 Housing Assignment 3A-6
Individuals Involved in Incident Officer Jordan Date/ Time of Incident 12:00am November 11, 2019

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary
☒ Other (Please Specify): Assist Warden

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific):

On or about the morning of November 11, 2019, officer Jordan searched my locker and bag at 12:00 am. The search was for toilet paper. Possession of toilet paper is not an offense under Rule 1 operating procedure for the Virginia Dept of Corrections. The search was retaliation and strip deprivation. The officer did not seize any items. The officer is searching my bed area for toilet paper while ignoring searching in the living area.

Offender Signature [Signature] Date 11-14-19

Offenders - Do Not Write Below This Line

Date Received: 11-15-19 RECEIVED Tracking # BACC A-INR-00825
Response Due: 11-30-19 Assigned to Lt. Bourne / Lt. Thomas
Action Taken/Response: NOV 17 2019

I made a security check of my cell at 2315 hrs. You complained to me about staff not providing toilet paper upon request. C/O Richardson was given a roll to give to you. C/O Jordan gave it to you and checked your area, to ensure you were actually out. You were already still awake at that time. A cursory search of this nature is standard, whenever offenders are claiming to be out of provided items, i.e. state clothing, etc.

Respondent Signature Lt. Bourne Printed Name and Title C. R. Bourne Date 18 NOV 19

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Revision Date: 4/28/17



COMMONWEALTH of VIRGINIA

George Hinkie
Regional Operations Chief

Department of Corrections

Central Region

9503 A Hull Street Road
Richmond, Virginia 23236
TELEPHONE: (804) 674-3008
FAX: (804) 674-3021

1. *Subject:*

2. *Reference:* [illegible]

3. *Complainant:* [illegible]

4. *Date:* [illegible]

5. *Complainant's Address:* [illegible]

6. *Complainant's Phone Number:* [illegible]

7. *Complainant's Statement:* [illegible] If you are within the 30-day time limit as specified in the "Offender Grievance Procedure". There is no appeal of informal complaints at this level.

8. *Complainant's Signature:* [illegible] on the reverse side of the regular grievance form.

9. *Complainant's Title:* [illegible] of an emergency grievance.

10. *Complainant's Request:* [illegible] original grievance form with the Level 1 response and your reasons for appeal. Return the requested material within five (5) calendar days of receipt of this notice.

11. *Complainant's Signature:* [illegible] use vulgar, insulting, or threatening language in grievance appeals. Remove/strike out the offending language from the appeal within five (5) calendar days of receipt.

12. *Complainant's Signature:* [illegible] and date.

13. *Complainant's Signature:* [illegible] in this Office on 08/30/2019 exceeded the five (5)-calendar day time limit. According to the "Offender Grievance Procedure", the Level 1 Response was mailed to you on 08/15/2019. No further response will be required.

14. *Complainant's Signature:* [illegible] of the Central Classification and Records Unit are responded to by the [illegible] Richmond, Virginia 23261.

15. *Complainant's Signature:* [illegible] and medical/dental/mental health care are responded to by the, [illegible] RICHMOND, VIRGINIA 23261.

16. *Complainant's Signature:* [illegible] your complaint or grievance by use of the Offender Grievance Procedure according to Operating Procedure [illegible] if you wish to ask for assistance with the process, please send a request form to your Institutional [illegible] to assist you.



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Mark Lane Offender Number 1459162 Housing Assignment 3A-7
Food Manager Ogunsk Date/ Time of Incident 6:45am 3-3-2020
 Individuals Involved in Incident

- ☐ Unit Manager/Supervisor ☒ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☒ Other (Please Specify): Wife

Briefly explain the nature of your complaint (be specific):

The food manager served 1/2 servings of fruit on March 3, 2020 during the full 1st meal. The menu does not authorize half serving size for fruit. The staff did not measure the fruit prior to serving items on the tray. The fruit is random in size. The conduct of the staff is wasteful, fraudulent and abuse.

Offender Signature [Signature] Date 3-3-20

Offenders - Do Not Write Below This Line

Date Received: 3-4-2020

Response Due: 3-19-2020

Action Taken/Response:

Tracking # BACC-20-INF-00186

Assigned to: FSD Mr. Hite

RECEIVED
MAR 11 2020
Baskerville Grievance
Department

Per dietitian Mrs. Gregg you are to receive 4oz of fruit. The apples weighed 10oz's, so by M.O. slicing them in half you received 50z's of fruit.

[Signature]
Respondent Signature

H. Hite
Printed Name and Title

3/4/2020
Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Ombudsman Services Unit

Revision Date: 4/28/17

EXHIBIT 14 *Food Issues*

Mark Lowe - 1489162
Baskerville Correctional
Center
4150 Hayes Mill Road
Baskerville Va 23915

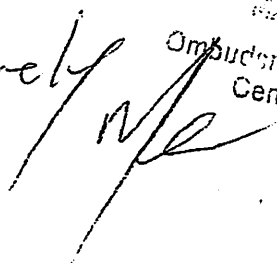
February 29, 2020

Regional Ombudsman
Dept of Corrections
4503 - A Hull Street Road
Baskerville Va 23915

Subject: kitchen

To Whom it May Concern,

The kitchen staff did not serve the required starch
'Mac and Cheese' on February 21, 2020. Please check
the surveillance video. Multiple staff members and
Security received complaints of denial of the required
meal-calories. Please audit the kitchen and
confirm prisoner(s) are receiving the food purchased.
We are not! The food purchased under the
Dept of Corrections budget is not being distributed
to prisoner. Please refund me the daily cost
of food.

Sincerely


RECEIVED
MAR 3 2020
Ombudsman Services Unit
Central Region



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FI 4-17

REGULAR GRIEVANCE

Log Number: _____

<i>Love Mark</i>	<i>1489162</i>	<i>3A-7</i>	
Last Name, First	Number	Building	Cell/Bed Number
<i>Johnson, Food Manager</i>	<i>1</i>		
Individuals Involved in Incident	Date/ Time of Incident		
	<i>2-21-20</i>		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

The Food Manager, Johnson, refused to provide Mac and cheese, as required by the Baskerville Correctional Center Menu. There was no alternative offered by the Manager. The manager refused to take corrective action. This is the third of multiple incidents with multiple witnesses. I spoke with Mrs Hite today February 26, 2020. BACC-20-INF-00175

RECEIVED

MAR 13 2020

Ombudsman Services Unit
Central Region

What action do you want taken?

Sanctions against the staff

Grievant's Signature:

[Signature]

RECEIVED

Date:

2-26-20

Warden/Superintendent's Office:

Date Received:

FEB 28 2020

Baskerville Grievance
Department

Revision Date: 4/28/17



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Mark Lowe Offender Number 1489162 Housing Assignment 3A-7
Johnson Date/ Time of Incident 1-2-21-20

☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

☒ Food Service
☐ Commissary
☐ Other (Please Specify): _____

☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific):

The Food Manager, Johnson, refused to provide Mac + cheese, as required by the Baskerville Corrections Menu. There was no alternative. The manager refused to take any corrective action. This is the 3rd of multiple incidents. The staff has started retaliation for complaints

Offender Signature _____ Date 2-21-20

Offenders do not write below this line

Date Received: 2-25-2020

Response Due: 3-11-2020

Action Taken/Response:

RECEIVED
FEB 25 2020
Baskerville Grievance
Department

Tracking #

BACC-20-INTP 00175

Assigned to: Ms Hite, FSD

Menus are subject to change. You were provided a starch for a starch at meal time. Thank you for your concern.

RECEIVED

MAR 1 3 2020

H. Hite
Respondent Signature

H. Hite
Printed Name and Title

Ombudsman Services Unit
Control Region
Date 2/25/2020

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____

Date: _____

Staff Witness Signature: _____

FEB 28 2020

Date: _____

Baskerville Grievance
Department

Revision Date: 4/28/17

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FI 4-17

REGULAR GRIEVANCE

Log Number: _____

Last Name, First	1489/62	3A	7
Number	Building	Cell/Bed Number	
Individuals Involved in Incident	Date/Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process. Attach Informal Complaint response or other documentation of informal process.)

Mr. Bugg please assign a number to this complaint and respond in compliance with the Prison Litigation Act.

Salt and pepper has been provided (1) ounce in the last three weeks for prisoners. The staff is required to provide salt and pepper. The current shortage is artificial and created while exploiting the COVID-19 crises. The denial of salt adversely affects the immune systems of prisoners.

What action do you want taken?

Please distribute salt and pepper

RECEIVED

MAY 08 2020

Ombudsman Services Unit
Central Region

Grievant's Signature:

RECEIVED

Date:

4-21-20-20

Warden/Superintendent's Office:

Date Received:

APR 23 2020

Grievance

Page 2 of 2

Revision Date: 4/28/17



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input checked="" type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

RECEIVED

MAY 8 2020

Ombudsman Services Unit
Central RegionInstitutional Ombudsman/Grievance Coordinator: J. BraggDate: 4-23-2020

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: S. Mae-WilliamsDate: 5/8/2020

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____



Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Mark Love Offender Number 1489162 Housing Assignment 3A
 Individuals Involved in Incident None Date/ Time of Incident 4-11-20

- ☐ Unit Manager/Supervisor ☒ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify): _____

Briefly explain the nature of your complaint (be specific):

Pursuant to notice from D.O.C., all meals are required to be served with salt and pepper. The Baskerville prison population has not had access to salt and pepper for 1 week or more with the meals. Please comply with D.O.C. policy and serve salt and pepper.
 Offender Signature [Signature] Date 4-11-20

Offenders - Do Not Write Below This Line

Date Received: _____ Tracking # _____
 Response Due: _____ Assigned to: _____
 Action Taken/Response: _____

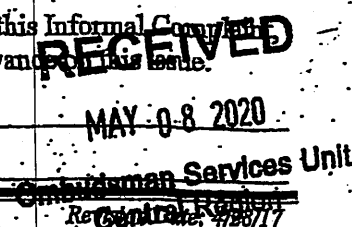
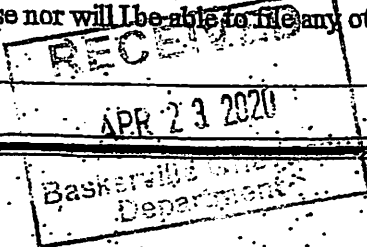
We have started again serving salt & pepper. Thank you for your concern.

Respondent Signature [Signature] Printed Name and Title H. H. 750 Date 4/21/2020

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____
 Staff Witness Signature: _____ Date: _____



March 6, 2020

Mark Howe - 1489162
Baskerville Correctional Center
4150 Hayes Mill Road
Baskerville VA 23915

Regional Ombudsman
9303 - A Hill Street Road
North Chesterfield, VA 23236

RECEIVED

MAR 13 2020
Ombudsman Services Unit
Central Region

Subject: ~~BACE 20-INF-00186~~

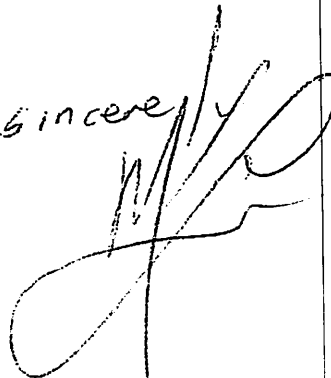
To Whom it May Concern,

The Baskerville Corrections administrative staff refuses to distribute food in the correct quantity and quality.

On or about March 3, 2020, the staff cut irregular shaped Apples in half and served the items as fruit. The serving size was below the required amount. The Apple halves included the core which is not edible.

The core and halves were alleged to be 5oz. The staff is required to serve 5oz of food which is prepared and can be digested. If the staff continues to remove starches etc. from the food tray. I will contact waistentraudional abuse. Please resolve the issue. There have been multiple incidents.

Sincerely,





VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input checked="" type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
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<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: G. BueyDate: 2-28-2020

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input checked="" type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: S. Mae-WillisDate: 3/13/2020

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

Exhibit 50 Harold Clarke Memorandum



COMMONWEALTH OF VIRGINIA

Department of Corrections

Division of Institution

Earl R. Barksdale
Warden

BASKERVILLE CORRECTIONAL CENTER

4150 Hayes Mill Road
Baskerville, Va., 23915

July 2, 2020

TO: OFFENDER POPULATION

FROM: Earl Barksdale Warden (signature on file)

SUBJECT: Drinking Water Restriction

Baskerville Correctional Center has been informed by the county that a water line has busted. Effective July 3, 2020 at 12:00 a.m. offenders are required to refrain from drinking the water unless it is boiled. This mandate is in effective until Monday July 6, 2020.

Drinking water will be delivered to each housing unit effective tonight at 12:00 a.m.

cc: Warden Barksdale
Assist. Warden Boone
Major D. Hamlette
Unit Manager D. Wynn
IPM J. Fields
Operations G. Bugg
Watch Office

Exhibit 50 Harold Clarke Memorandum



COMMONWEALTH OF VIRGINIA

Department of Corrections

Division of Institution

Earl R. Barksdale
Warden

BASKERVILLE CORRECTIONAL CENTER

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Baskerville, Va., 23915

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cc: Warden Barksdale
Assist. Warden Boone
Major D. Hamlette
Unit Manager D. Wynn
IPM J. Fields
Operations G. Bugg
Watch Office



VIRGINIA

DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency GrievanceLog # **10135**

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Offender Last Name Mark Lowe First 1489162 Number Baskinville Facility 3A-7 Building-Cell/Bed Corrections

PART A- OFFENDER CLAIM

What is the emergency? The locality has issued a water emergency notice July 2, 2020. The water is not drinkable. The water must be boiled. The security staff is terminating power to the microwave and refusing to provide water in retaliation. The incident represents malicious indifference to serious medical needs. The staff has a wanton desire to harm prisoners.
July 2, 2020
 Date/Time _____ Offender Signature and Number _____

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

☒ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____
☐ Submit Sick Call Request ☐ Send an Offender Request To: _____
☐ Submit Request to Dental ☐ Other (Provide detailed explanation below) _____

☐ Your grievance has been determined to be an emergency and the following action has been taken:
☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below) _____

7-3-2020 0308 [Signature] [Signature]
 Date/Time _____ Respondent Signature _____ Name/Title Printed _____

☐ **PREA** - Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by: _____
 Signature _____ Name/Title Printed _____ Date/Time _____

Distribution: Original Grievance returned to Offender, Copy forwarded to Institutional Ombudsman/Grievance Coordinator

Exhibit 51



COMMONWEALTH of VIRGINIA

HAROLD W. CLARKE
DIRECTOR

Department of Corrections

P.O. BOX 10982
RICHMOND, VIRGINIA 23261
(804) 874-3000


April 1, 2020 (Revision)

~~March 27, 2020~~

~~March 24, 2020~~

MEMORANDUM

To: Inmate Population

From: Harold W. Clarke 
Director of Corrections

Subject: COVID-19 Sneeze Guards

Virginia Department of Corrections continues to be proactive in providing resources for our staff and inmate population. While the Sneeze Guard will not avoid exposures to all hazards, it will provide an added level of protection and should provide an additional level of comfort.

Two Sneeze Guards were provided to each inmate. **All inmates are now required to wear their Sneeze Guards at all times unless instructed to remove it by a staff member.** Each inmate will be responsible for maintaining and laundering their provided guards. In the event the Sneeze Guard becomes unserviceable, inmates may request a replacement mask from their Unit Manager.

Please follow the procedure for proper application of the Sneeze Guard:

- Wash hands prior to putting on the guard
- Place the seam upward with the seam on the bridge of the nose
- Place the loop over the head, resting on the ears
- Wash hands after removing the guard
- Used guards shall be treated as infectious and laundered daily using hot water and **LOW heat settings.**

The Sneeze Guard is providing an added level of protection but should not be worn in place of PPE in situations where PPE is required. Sneeze Guards are not considered PPE since their capability to protect is unknown.

5A-9




COMMONWEALTH of VIRGINIA

Department of Corrections
Lunenburg Correctional Center

Mack A. Bailey, Jr.
Warden

690 Falls Road
Victoria, VA 23974-0650
834-696-2045

TO: Inmate Population
FROM: M. A. Bailey, Warden 
SUBJECT: PureWash Pro Laundry System

Over the past week my office has received numerous correspondence concerning the usage of hot/cold water when doing laundry.

In accordance with the manufacturer, the pureWash Pro system cleans clothes with the disinfecting power of oxygen, not detergent. It is clinically proven to eliminate 99.9% of bacteria and mold and requires only **Cold water**. Below is a diagram of how the pureWash Pro works:

pureWash Pro creates ozone by using a small electrical spark that takes a simple O₂ molecule and creates an O₃ molecule. The third oxygen atom is weaker, and quickly seeks out bacteria, viruses, or other contaminants to attach itself to. Once the single oxygen atom binds itself to the cell of the contaminant, it immediately destroys it. This powerful oxidation process cleans and destroys bacteria, mold, odors, stains, viruses, parasites, oils, greases, and organic soils. The ozone then reverts back to pure oxygen and disappears without a trace of ever being used.

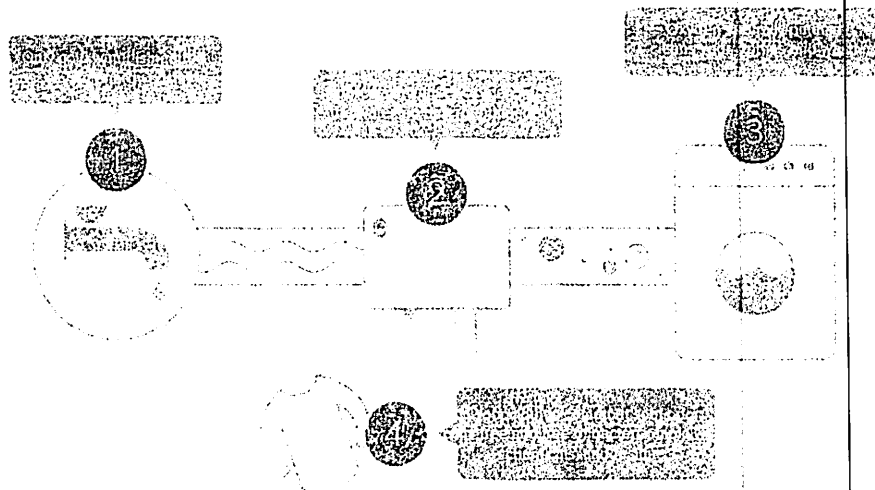
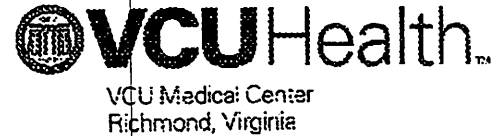


Exhibit 5 Medical Records

Pt Name: **LOWE, MARK**
 MRN: **4623271**
 FIN #: **706802276761**

Reg Dt: **7/31/2020**
 Disch Dt: **8/3/2020**



EMERGENCY DEPARTMENT VISIT NOTES

Document Type: **ED Provider First Contact**
 Electronically Signed
 By:

Date/Time: **7/31/2020 14:22 EDT**

ED Provider First Contact
 07/31/20 14:22 EDT Performed by SAUER MD, JEREMY T
 Entered on 07/31/20 14:22 EDT

ED Provider First Contact

ED Provider First Contact

07/31/20 14:22

Document Type:
 Electronically Signed
 By:

Emergency Department Visit Note

Date/Time: **7/31/2020 16:26 EDT**

ROBERTS PA, LAURA M (7/31/2020 18:43 EDT); ROBERTS PA, LAURA M (7/31/2020 17:47 EDT); TROENDLE MD, MICHELLE M (7/31/2020 17:27 EDT); ROBERTS PA, LAURA M (7/31/2020 17:19 EDT); Smith SCRIBE, Derek M (7/31/2020 16:47 EDT); ROBERTS PA, LAURA M (7/31/2020 16:29 EDT)

Trauma *ED

Patient: **LOWE, MARK** MRN: **4623271** FIN: **706802276761**
 Age: **49 years** Sex: **M** DOB: **03/22/1971**
 Associated Diagnoses: **None**
 Author: **ROBERTS PA, LAURA M**

Basic Information

Time seen: Date & time 07/31/20 16:26:00.
 History source: Patient.
 Arrival mode: Private vehicle.
 History limitation: None.
 Additional information: R jaw fx.

History of Present Illness

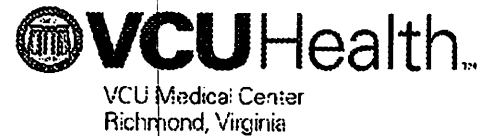
MARK LOWE is a 49 y/o incarcerated male with no PMHx who presents ambulatory to ER c/o R jaw pain beginning this morning. Patient reports he was hit in the R side of the face with a padlock around 0600 this morning. Denies LOC. Patient reports constant jaw pain since the incident, with difficulty opening his mouth. Denies any other injury sustained during the incident. Patient specifically denies any fevers, chills, nausea, vomiting, chest pain, shortness of breath, headache, rash, diarrhea, abdominal pain, urinary/bowel changes, sweating or weight loss. Patient has no further complaints.

Review of Systems

Constitutional symptoms: No fever, no chills.

Pt Name: **LOWE, MARK**
MRN: **4623271**
FIN #: **706802276761**

Reg Dt: **7/31/2020**
Disch Dt: **8/3/2020**



OPERATIVE AND PROCEDURE NOTES

Patient Name: LOWE, MARK
Procedure Date: 08/03/2020

MR#: 4623271

PRIMARY SURGEON: Christopher Kandl, MD

ASSISTANT SURGEON: Michael Bauschard MD.

PROCEDURES PERFORMED:

1. Maxillomandibular fixation.
2. Open reduction, internal fixation of right mandibular angle fracture, via submandibular approach.

FINDINGS:

1. Right angle fracture
2. Good return to baseline occlusion, status post open reduction and internal fixation.

ESTIMATED BLOOD LOSS: 30 mL.

FLUIDS: 1200 mL.

URINE OUTPUT: No Foley.

SPECIMENS REMOVED: None.

POSTOPERATIVE DIAGNOSIS: Right mandibular angle fracture.

INDICATIONS FOR PROCEDURE: Mr. Mark Lowe is a 49-year-old male inmate, who was struck with a fist and suffered malocclusion afterwards. He was found to have a fracture of the angle of his right mandible. He agrees to the risks and benefits of surgery to help improve his occlusion and reduce trismus.

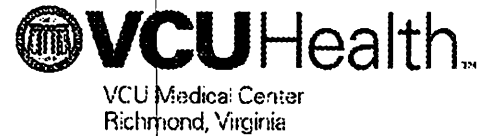
DESCRIPTION OF PROCEDURE: Patient was met in the preop holding area, at which time the history and physical were updated. He was brought to the operating room, placed supine on the operating table, and general anesthesia was induced. The patient was nasotracheally intubated without difficulty. The patient was rotated 90 degrees to the ENT team. Dr. Kandl then performed an operative time-out, at which time he verified the patient's site, laterality, and procedure.

We 1st inserted Karlis screws just medial to the upper and lower canine teeth, a total of four.

We then turned our attention to the right neck. We made an approximately 4 cm wide horizontal incision, approximately 2 fingerbreadths inferior to the angle of the mandible. We dissected down through the skin with a #15 blade, dissecting down further with Bovie electrocautery through the fat and platysmal planes. We then identified the deep investing fascia. We dissected through this, identifying the facial vein and fascia overlying the submandibular gland. We divided the fascia inferior to the submandibular gland, as well as the facial vein, and reflected this upwards, preserving the marginal mandibular nerve.

Pt Name: **LOWE, MARK**
 MRN: **4623271**
 FIN #: **706802276761**

Reg Dt: **7/31/2020**
 Disch Dt: **8/3/2020**



OPERATIVE AND PROCEDURE NOTES

We were then able to visualize the inferior border of the mandible. We bovied the overlying fascia overlying the mandible. We were then able to dissect, with a #9 dissector, the soft tissues adherent to the lateral border of the mandible overlying our fracture site. This gave us excellent visualization of the fracture line, including the ramus of the mandible and 3 cm of bone anterior to the fracture. We used a 6-hole, with a middle span or gap, 2 mm thickness plate for fixation. We placed this over the fracture line.

We then turned our attention back to the oral cavity, where we placed the patient in maxillomandibular fixation using 24-gauge wires and our previously inserted Karlis screws, until the patient's occlusion appeared to be consistent with his baseline. Per the patient's history, the patient said he had an underjet, and his wear facets were consistent with this. We found we obtained apparent baseline occlusion with his molar teeth with a class III occlusion upon placing the maxillomandibular fixation.

We turned our attention back to our exposed mandible via the neck incision. We locked our plate onto the mandible using a clamp and we drilled holes for our screws. We placed the appropriate length screws to achieve bicortical fixation of our plate, placing 3 screws on either side of the fracture line, for a total of 6 screws. We could appreciate excellent purchase of the screws and tight fixation of our fracture, as well as an excellent reduction of the exposed fracture line.

We turned our attention back to the oral cavity, where we removed our 24-gauge wires and took the patient out of maxillomandibular fixation. We then ranged his jaw, and found that his occlusion was still at his preinjury baseline. With this, we were satisfied with our reduction.

We closed our neck surgical bed, placing sutures in the deep fascia, followed by deep dermal sutures, and a running 5-0 continuous fast gut suture to close the skin. The Karlis screws were removed using a screwdriver. This concluded the procedure.

Patient was turned back to the anesthesia team for successful emergence and extubation at the end of the case. He was transported to the PACU in stable condition.

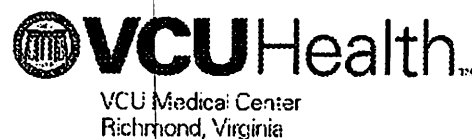
Michael James Bauschard, MD

MJB/MedQ D08/03/2020 T08/03/2020 R
 J733635/888364823

 BEGIN ATTENDING DOCUMENTATION

Pt Name: **LOWE, MARK**
 MRN: **4623271**
 FIN #: **706802276761**

Reg Dt: **7/31/2020**
 Disch Dt: **8/3/2020**



OPERATIVE AND PROCEDURE NOTES

Teaching physician note: I was present for the entire procedure.

 END ATTENDING DOCUMENTATION

DEPART SUMMARY

Document Type: Emergency Depart Summary Date/Time: 7/31/2020 20:13 EDT
 Electronically Signed By: Wilson RN, William T (7/31/2020 20:13 EDT); Wilson RN, William T (7/31/2020 20:11 EDT);
 By: Wilson RN, William T (7/31/2020 19:05 EDT)

Emergency Depart Summary

VCU/MCV Emergency Department Depart Summary

PERSON INFORMATION

Name LOWE, MARK	Age 49 Years	DOB 03/22/1971
Sex M	Language English	PCP SELF MD, REFERRED
Marital Status Divorced	Phone 4344473857	Time Zone America/New_York
MRN 4623271	Visit Id 1642378	Acct # 706802276761
Visit Reason jaw injury/fx	Specialty	Referred by ED-Community Memorial Hospital
Enc Type IP	Med Service IP-Otolaryngology	Dispo Type
Track Group ED	ED Arrival 07/31/20 14:08:00	LOS 000 06:05
Tracking Id 169398080	ED Checkout 07/31/20 20:11:45	Attending MD KANDL MD, CHRISTOPHER J
Discharge	Acuity 3-Semi-Urg	Reg Status F-Full Reg Done
TRAUMA ALERT:		
Address:		

4150 HAYES MILL RD BASKERVILLE Virginia 23915

PROVIDER INFORMATION

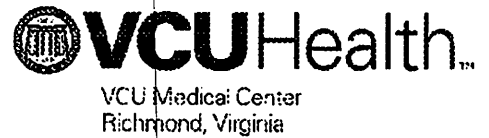
Provider	Role	Assigned	Unassigned
SAUER MD, JEREMY T	Provider in Triage	07/31/20 14:22:25	
Wilson RN, William T	ED Nurse	07/31/20 15:53:43	
ROBERTS PA, LAURA MED	Resident	07/31/20 16:20:02	

POWERFORMS

Nurse Disposition - VCUHS ED
ED Dispo, Disposition: Inpatient

Pt Name: **LOWE, MARK**
 MRN: **4623271**
 FIN #: **706802276761**

Reg Dt: **7/31/2020**
 Disch Dt: **8/3/2020**



DEPART SUMMARY

Implanted

Open Reduction Internal Fixation Mandibl Mandible

- 6 HOLE CURVED PLATE (92-20536) 08/03/2020
- SCREW LEIB LCKNG 2.0X8MM 5020508 (2), 08/03/2020
- SCREW LEIB LCKNG CROSSPIN 2.0X12MM 5020512 08/03/2020
- SCREW LEIB LCKNG TITANI 2.0X10MM 5020510 (2), 08/03/2020
- SCREW LEIB LCKNG TITANIUM 2.0X6MM 5020506 08/03/2020

Removed

Mandible

- SCREW 8MM MXLMNDB BONE TI (5020358) (4), 08/03/2020

Additional Information

Call your doctor if you have changes in your mental health status (unusual behavior, confusion, feelings or thoughts of suicide). You may also call the National Suicide Prevention Lifeline. This is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis. If you need help, please dial 1-800-273-TALK (8255). You will be routed to the closest possible crisis center in your area.

If you have heart failure follow the instructions from your provider. Remember to weigh yourself every morning after you go to the bathroom and write the result in a daily log. If you gain 4-5 pounds or more in a week, call your doctor.

If you or a member of your household currently smoke, or have smoked within the past 12 months, you and/or your household member are advised to quit smoking. Please ask your healthcare provider for more information. For further resources in the community visit the Smoke-Free Virginia website (www.smokefreevirginia.org) or call 1-877-856-5177.

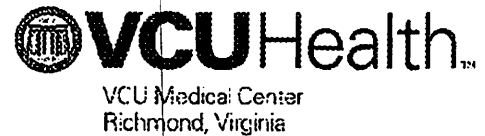
Education Materials

Mandibular Fracture

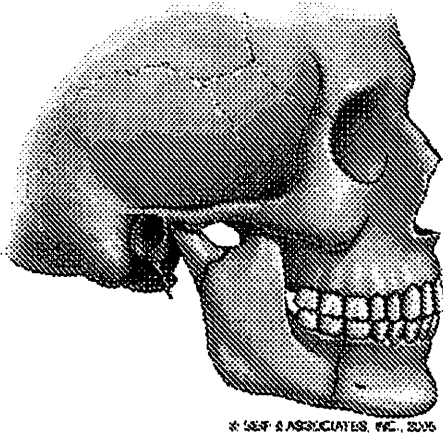
A mandibular fracture is a break in the jawbone. Surgery is often needed to put the jaw back in the right position. Wires may be placed around the teeth to hold the jaw in place while it heals.

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DEPART SUMMARY



* SELF & ASSOCIATES, P.C., 2016

HOME CARE

- Put ice on the injured area.
 - 46 Put ice in a plastic bag.
 - 46 Place a towel between your skin and the bag.
 - 46 Leave the ice on for 15-20 minutes, 03-04 times a day. Do this for the first 2 days.
- Only take medicines as told by your doctor.
- Eat soft or liquid foods as told by your doctor. Eat plenty of protein.
- If your jaws are wired, follow your doctor's directions for wired jaw care.
- Sleep on your back to avoid putting pressure on your jaw.
- Avoid exercising so hard that you become short of breath.

GET HELP RIGHT AWAY IF:

- You have a fever.
- You have trouble breathing.
- You feel like your airway is tight.
- You cannot swallow your spit (*saliva*).
- You make a high-pitched whistling sound when you breathe (*wheezing*).
- You have a bad headache or lose feeling in your face (*numbness*).
- You have bad jaw pain that does not get better with medicine.
- Your jaw wires become loose.
- You feel sick to your stomach (*nauseous*) or worried (*anxious*).
- Your puffiness (*swelling*) or redness gets worse.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.